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ANNUAL LINE LEAK DETECTOR TEST FORM FOR UNDERGROUND STORAGE TANK SYSTEMS

For Use in the State of New Hampshire N. H. Code of Administrative Rules Env-Wm 1401

New Hampshire Department of Environmental Services (NHDES) has developed this form to help you document the required annual testing of the line leak detector (LLD) at this underground storage tank facility. For specific guidelines on testing consult with the LLD manufacturer.

Facility Name: _____ DES Facility # / Site #: ____

Facility Address:	City:					Zip:					
1. Per NH Code of Administrative Rules Env-Wm 1401.30, "All pressurized piping shall be equipped with an automatic line leak detector which shall restrict or stop the flow of the stored substance and trigger an audible or visual alarm upon detecting a leak at a rate of 3 gallons per hour at a pressure of 10 pounds per square inch line pressure within an hour. Automatic line leak detector shall be tested annually to confirm that they are operating according to manufacturer's recommendations. The test results shall be submitted by the owner to the division no later than 30 days after the date of the test."											
 Line leak detector is required to be tested in-place. Do not removed and test outside the system. Test Information and Results 											
Tank Number: (for split tanks use 1(a), (b))	Tank #	<u>t</u>	Tank #	<u>t</u>	Tank #		Tank #		Tank #		
Product Stored: (gas, diesel, etc.)											
Capacity: (gallons)											
LLD Manufacturer:											
LLD Model Number:											
Tested Leak Rate: (gallons per hour)											
Results:	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	
Complete following only if any of the above LLDs have failed	ed and rep	laced with	NEW LL	Ds.							
REPLACED LLD Manufacturer:											
LLD Model Number:											
Tested Leak Rate: (3 gallons per hour max.)											
Results:	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail	
If a failed LLD test was reported and not	repaire	ed, des	cribe h	ow an	d wher	detec	tor wil	l be co	rrected	:	
Verification – I, hereby, verify that the operating according to manufacturers' red				letector	s were	tested	to confi	rm tha	t they a	are	
LLD Manufacturer / Tester Certification Number: /											
Technician Name (print): Testing Company Name:											
Testing Co. Address / State / Zip											
Signature:											
May 2002											